

CATHERINE H. GLICK.

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APRIL 24, 1884.—Committed to the Committee of the Whole House and ordered to be printed.

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MR. MATSON, from the Committee on Invalid Pensions, submitted the following

REPORT:

[To accompany bill H. R. 6514.]

*The Committee on Invalid Pensions, to whom was referred the bill (H. R. 6514) granting a pension to Catherine H. Glick, beg leave to report:*

That Catherine H. Glick is the widow of Elias B. Glick, who was surgeon of the Fortieth Regiment Indiana Volunteers.

It is disclosed by the evidence in this case that the soldier enlisted February, 1862, and was discharged December 21, 1865. He was pensioned in his life-time at three-fourths of total, on account of scrotal hernia, and died September 29, 1879, because of said disability.

His widow filed her claim for pension April 6, 1880, which was rejected May 11, 1883, by the medical referee of the Pension Office, on the ground that the fatal disease was not the result of the hernia for which the soldier was pensioned.

The deceased soldier was ruptured in the service at the battle of Shiloh, and was pensioned for said disability, and continued to draw his pension to the time of his death. The hernia was inguinal, of the left side, which worked down and became what is called scrotal hernia.

In the latter years of the soldier's life the protrusion of the bowels became more frequent, was easily produced by a misstep or by any straining; the protrusion of the bowels was attended with great pain and exhaustion, sometimes amounting to prostration, and frequently could not be reduced without the assistance of a second person. On the night of the soldier's death it appears there was no one about his house except his daughter, Clara Glick, and another young lady, whose name is not given. The deceased was heard by his daughter to take a bath in his bed-room and to get into bed. The attention of the daughter was called by the young lady to the fact that her father was groaning. The daughter immediately went up to the bed-room and found her father dead. No post-mortem examination was had.

E. D. Powers, M. D., testifies, March 25, 1882:

I was acquainted with Dr. Elias B. Glick before his death, and I have prescribed for him several times. I saw him a few moments after his death, and learning that he had suffered from hernia, that was very troublesome at all times, and more so at different times; that it was liable to sudden descent, and at such times he was subject to great pain and faintness, I came to the conclusion that his sudden death was caused by a sudden descent of his intestines into the scrotum, accompanied by an unusual pain, followed by syncope. I believe Dr. Elias B. Glick came to his death in the condition referred to above, syncope following a descent of his intestines into the scrotum. His health was very delicate for two years prior to his death, being frequently confined to his bed for weeks continuously.

Dr. R. M. O. Terrill, testifies, February 28, 1882:

I saw Dr. E. B. Glick a few moments after death, and, from my personal knowledge of his case, having treated him for inguinal abscess, caused from his wearing a truss, and learning at the time that the descent of the intestines was followed by excruciating pain, followed by syncope, I am of the opinion and belief that death was the result of heart-clot induced from prolonged syncope.

Dr. Elisha S. Boland, under date of March 10, 1880, testifies:

I have known Dr. Elias B. Glick from August, 1874, to April 20, 1878; during this time he was suffering from incomplete inguinal hernia. The hernial protrusion would be induced by any unusual exertion, as getting into a vehicle, stepping off the curbstone, or by some intestinal trouble, as diarrhea, colic, or vomiting. During the time it was out he would suffer very severely from the pressure to which it was subject, and was in dread of strangulation. Occasionally he could not return it unassisted, and so was never safe when far from help. During the latter months of my acquaintance with him these attacks were more frequent and severe, and were often followed by exhaustion, sometimes amounting to prostration. I believe his death was largely due to the agony and lowered vitality caused by these often recurring attacks of partial strangulation.

The existence of the hernia, the lawful marriage of the claimant to the deceased soldier, and his death from the disability contracted in the military service of the United States in the line of his duty, is clearly shown by the evidence. That he was also free from heart disease or symptoms of apoplexy is clearly established by medical testimony from those who treated him constantly for his disability previous to his death. Your committee therefore report the bill back to the House with the recommendation that it pass.

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